

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 12/20/2011

FORM APPROVED

OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155177		X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____		X3) DATE SURVEY COMPLETED 11/30/2011	
NAME OF PROVIDER OR SUPPLIER  WESTMINSTER VILLAGE - WEST LAFAYETTE				STREET ADDRESS, CITY, STATE, ZIP CODE 2741 N SALISBURY ST WEST LAFAYETTE, IN47906			
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K0000	<p>A Life Safety Code Recertification and State Licensure Survey was conducted by the Indiana State Department of Health in accordance with 42 CFR 483.70(a).</p> <p>Survey Date: 11/30/11</p> <p>Facility Number: 000093 Provider Number: 155177 AIM Number: NA</p> <p>Surveyor: Bridget Brown, Life Safety Code Specialist</p> <p>At this Life Safety Code survey, Westminster Village–West Lafayette was found not in compliance with Requirements for Participation in Medicare, 42 CFR Subpart 483.70(a), Life Safety from Fire and the 2000 edition of the National Fire Protection Association (NFPA) 101, Life Safety Code (LSC) and 410 IAC 16.2. The Courtyard was surveyed with Chapter 19, Existing Health Care Occupancies.</p> <p>Westminster Village–West Lafayette consists of the</p>			K0000			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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K0011 SS=E	<p>Courtyard, Pavillion and Terrace in a one story building determined to be of Type III (211) construction. The facility was fully sprinklered and has a fire alarm system with smoke detection in the corridors, resident rooms and spaces open to the corridors. The unoccupied Pavillion was undergoing demolition and renovation and was not surveyed. The facility has the capacity for 89 residents and had a census of 48 at the time of this survey.</p> <p>Quality Review by Robert Booher, Life Safety Code Specialist-Medical Surveyor on 12/05/11.</p> <p>The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by:</p> <p>If the building has a common wall with a nonconforming building, the common wall is a fire barrier having at least a two-hour fire resistance rating constructed of materials as required for the addition. Communicating openings occur only in corridors and are protected by approved self-closing fire doors. 19.1.1.4.1, 19.1.1.4.2</p> <p>Based on observation and interview, the facility failed to</p>			K0011	K 0011Two layers of drywall were installed behind the Courtyard		12/12/2011

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	<p>ensure 1 of 1 fire barrier walls separating health care from the assisted living occupancy provided the protection needed for a two hour fire barrier. This deficient practice could affect visitors, staff and 30 residents on the Courtyard comprehensive care unit.</p> <p>Findings include:</p> <p>Based on observation with the maintenance director on 11/30/11 at 1:30 p.m., a section of the fire wall behind the Courtyard kitchenette was moved to accommodate the renovation of the beauty salon, a part of the assisted living occupancy. The change created a cavity between the back wall of the Courtyard kitchenette and the firewall. A kitchenette storage closet was being built in the space. The fire wall was visible where the back of the kitchenette wall and door had been cut away. It was constructed of one sheet of drywall on one side of the supporting studs which did not meet the rating required for a two hour fire wall. The maintenance director said at the time of observation, he was</p>				<p>Kitchenette in the closed space that was under renovation. This will provide the required two-hour fire wall. All residents living in the Courtyard had the potential to be affected. The renovated closet space will be checked each month as part of the building inspection Quality Management Program. Any non-compliance concerns will be addressed with the Director of Maintenance. The Courtyard Kitchenette closet space will be checked each month as part of the building inspection Quality Management Program. The Director of Maintenance is responsible for ensuring compliance with NFPA 101 Life Safety Code Standard. Completion Date: 12/12/11</p>		

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K0051 SS=F	<p>unaware the wall did not meet fire rating requirements.</p> <p>3.1-19(b)</p> <p>A fire alarm system with approved components, devices or equipment is installed according to NFPA 72, National Fire Alarm Code, to provide effective warning of fire in any part of the building. Activation of the complete fire alarm system is by manual fire alarm initiation, automatic detection or extinguishing system operation. Pull stations in patient sleeping areas may be omitted provided that manual pull stations are within 200 feet of nurse's stations. Pull stations are located in the path of egress. Electronic or written records of tests are available. A reliable second source of power is provided. Fire alarm systems are maintained in accordance with NFPA 72 and records of maintenance are kept readily available. There is remote annunciation of the fire alarm system to an approved central station. 19.3.4, 9.6</p> <p>Based on observation and interview, the facility failed to ensure 1 of 3 fire alarm panels in an area not continuously occupied, was provided with automatic smoke detection to ensure notification of a fire at the location before it could be incapacitated by fire. LSC 9.6.2.10.1 requires smoke alarms shall be in</p>			K0051	<p>K 0051A smoke detector will be installed in the lower level above the alarm panel. The detector will ensure notification of a fire in that area. All residents had the potential to be affected. The smoke detector will be checked as part of the quarterly fire system inspection. As part of the Quality Management Program, the smoke detector will be checked as part of the quarterly fire system inspection.</p>		12/16/2011

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	<p>accordance with NFPA 72, National Fire Alarm Code. NFPA 72, 1-5.6 requires an automatic smoke detector be provided at the location of each fire alarm control unit which is not located in an area continuously occupied to provide notification of a fire in that location. This deficient practice affects all occupants.</p> <p>Findings include:</p> <p>Based on observation with the maintenance director on 11/30/11 at 2:10 p.m., the main fire alarm control panel (FACP) was located on the lower level basement outside the maintenance office, an area not continuously occupied. The area was not electrically supervised by a smoke detector. The maintenance director agreed at the time of observation, the panel could be incapacitated by fire before an alarm could be annunciated.</p> <p>3.1-19(b)</p>				<p>The Director of Maintenance is responsible for ensuring compliance. Completion Date: 12/16/11</p>		

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K0144 SS=F	<p>Generators are inspected weekly and exercised under load for 30 minutes per month in accordance with NFPA 99. 3.4.4.1.</p> <p>1. Based on observation and interview, the facility failed to ensure 1 of 3 emergency generators was equipped with a remote manual stop. LSC 7.9.2.3 requires emergency generators providing power to emergency lighting systems shall be installed, tested and maintained in accordance with NFPA 110, Standard for Emergency and Standby Power Systems. NFPA 110, 1999 edition, 3-5.5.6 requires Level II installations shall have a remote manual stop station of a type similar to a break-glass station located elsewhere on the premises where the prime mover is located outside the building. NFPA 37, Standard for the Installation and Use of Stationary Combustion Engines and Gas Turbines, 1998 Edition, at 8-2.2(c) requires engines of 100 horsepower or more have provision for shutting down the engine at the engine and from a remote location. This deficient practice could affect staff, visitors, and 30 residents on the</p>			K0144	<p>K 0144 - 1The contractor will install the remote manual stop on the generator that services the Courtyard portion of the Health Center. The generator was installed in 2003.All residents, staff, and visitors in the Courtyard are affected.As part of the Quality Management Program, the remote manual stop will be checked during quarterly generator inspections.As part of the Quality Management Program, the remote manual stop will be checked during quarterly inspections for all generators. The Director of Maintenance is responsible for ensuring compliance with NFPA 110 and NFPA 37. Any non-compliance will be reported to the Quality Management Committee with an immediate plan of correction.Completion Date: 12/30/11K 0144 - 2The annunciator alarm for the Courtyard generator will be relocated from the basement to the wall across from the Courtyard Nursing Center with visual and audible signals warning when the generator is operating. It will also warn staff of any malfunctions with the oil pressure, excessive water temperature, fuel level, failure to start, and overspeed.. This will provide safety for Courtyard</p>		12/30/2011

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	<p><b>Courtyard.</b></p> <p><b>Findings include:</b></p> <p>Based on interview on 11/30/11 at 3:10 p.m. with the maintenance director during an observation of the emergency generator serving the Courtyard, the generator was installed after 2003. The maintenance director said there was no remote emergency shut off for the emergency generator.</p> <p>3.1-19(b)</p> <p>2. Based on observation and interview, the facility failed to ensure 1 of 1 emergency generators serving the Courtyard was provided with an alarm annunciator in a location readily observed by operating personnel at a regular work station such as a nurses' station. NFPA 99, Health Care Facilities, 3-4.1.1.15 requires a remote annunciator, storage battery powered, shall be provided to operate outside of the generating room in a location readily observed by operating personnel at a regular work station. The annunciator shall</p>				<p>residents, staff, and visitors. All residents living in the Courtyard as well as staff and visitors have the potential to be affected if the annunciator alarm would not be heard immediately. The panel will be tested every week when the generators are exercised under load. Annunciator panels for emergency generators will not be located in an area that is not continually occupied. As part of the Quality Management Program, the panel will be tested every week when the generators are exercised under load. The Director of Maintenance is responsible for ensuring compliance with NFPA 99. Date of Completion: 12/23/11</p>		

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	<p>indicate alarm conditions of the emergency or auxiliary power source as follows:</p> <p>(a) Individual visual signals shall indicate:</p> <ol style="list-style-type: none"> <li>1. When the emergency or auxiliary power source is operating to supply power to load.</li> <li>2. When the battery charger is malfunctioning.</li> </ol> <p>(b) Individual visual signals plus a common audible signal to warn of an engine-generator alarm condition shall indicate:</p> <ol style="list-style-type: none"> <li>1. Low lubricating oil pressure.</li> <li>2. Low water temperature.</li> <li>3. Excessive water temperature.</li> <li>4. Low fuel – when the main fuel storage tank contains less than a 3-hour operating supply.</li> <li>5. Overcrank (failed to start).</li> <li>6. Overspeed.</li> </ol> <p>Where a regular work station will be unattended periodically, an audible and visual derangement signal, appropriately labeled, shall be established at a continuously monitored location. This derangement signal shall activate when any of the conditions in 3-4.1.1.15(a) and (b) occur but need not display these conditions individually. This deficient</p>						



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	<p>practice could affect all the residents as well as visitors and staff.</p> <p>Findings include:</p> <p>Based on observations with the maintenance director on 11/30/11 at 3:15 p.m., the annunciator panel for emergency generator # 2 which served the Courtyard was located in the lower level basement mechanical room at the generator site. The maintenance director agreed the area was not continuously occupied and the annunciator alarm would not be heard immediately.</p> <p>3.1-19(b)</p>						
K0147 SS=E	<p>Electrical wiring and equipment is in accordance with NFPA 70, National Electrical Code. 9.1.2</p> <p>Based on observation and interview, the facility failed to</p>			K0147	<p>K 0147GFCI's (ground fault circuit interrupters) will be installed in all Courtyard bathrooms.All resident</p>		12/14/2011

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	<p>ensure 5 of 17 wet locations for residents were provided with GFCI (ground-fault circuit interrupter) protection against electric shock. NFPA 70, Article 517, Health Care Facilities, defines wet locations as patient care areas subject to wet conditions while patients are present. These include standing fluids on the floor or drenching of the work area, either of which condition is intimate to the patient or staff. NFPA 70, 517-20 Wet Locations, requires all receptacles and fixed equipment within the area of the wet location to have GFCI protection. Moisture can reduce the contact resistance of the body, and electrical insulation is more subject to failure. This deficient practice affects 10 residents in the Courtyard.</p> <p>Findings include:</p> <p>Based on observation with the maintenance director on 11/30/11 between 12:45 p.m. and 3:45 p.m., electrical outlets in bathrooms serving resident rooms 3, 5, 9, 11 and 13 were located 18 inches from sinks. The outlets were not provided with GFCI</p>				<p>rooms were checked. Thirteen of seventeen bathrooms were not provided with a GFCI to prevent electric shock. As part of the Quality Management Program, all outlets will be tested each month as part of the room inspections. As part of the Quality Management Program, all outlets will be tested each month as part of the room inspections. The Director of Maintenance will be responsible for ensuring compliance with NFPA 70, 517-20. Any non-compliance will be reported to the Quality Management Committee with an immediate plan of correction. Completion Date: 12/14/11</p>		

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K0000	<p>(ground fault circuit interrupter) to prevent electric shock. The maintenance director checked electrical panels for GFCI circuit breakers at the time of observation and said no GFCI circuit breakers were found.</p> <p>3.1-19(b)</p> <p>A Life Safety Code Recertification and State Licensure Survey was conducted by the Indiana State Department of Health in accordance with 42 CFR 483.70(a).</p> <p>Survey Date: 11/30/11</p> <p>Facility Number: 000093 Provider Number: 155177 AIM Number: NA</p> <p>Surveyor: Bridget Brown, Life Safety Code Specialist</p> <p>At this Life Safety Code survey, Westminster Village-West Lafayette was found not in</p>		K0000				

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	<p>compliance with Requirements for Participation in Medicare/Medicaid, 42 CFR Subpart 483.70(a), Life Safety from Fire and the 2000 edition of the National Fire Protection Association (NFPA) 101 and 410 IAC 16.2. The Terrace was surveyed with Chapter 18, New Health Care Occupancies.</p> <p>The Terrace was located in the one story building determined to be of Type III (211) construction. The facility was fully sprinklered, has a fire alarm system with smoke detection in the corridors, resident rooms and spaces open to the corridors. The unoccupied Pavillion was undergoing demolition and renovation and was not surveyed. The facility has the capacity for 89 residents and had a census of 48 at the time of this survey.</p> <p>The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by:</p>						

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K0051 SS=F	<p>A fire alarm system with approved components, devices or equipment is installed according to NFPA 72, to provide effective warning of fire in any part of the building. Activation of the complete fire alarm system is by manual fire alarm initiation, automatic detection, or extinguishing system operation. Pull stations are located in the path of egress. Electronic or written records of tests are available. A reliable second source of power is provided. Fire alarm systems are maintained in accordance with NFPA 72, National Fire Alarm Code, and records of maintenance are kept readily available. There is remote annunciation of the fire alarm system to an approved central station. 18.3.4, 9.6</p> <p>Based on observation and interview, the facility failed to ensure 1 of 3 fire alarm panels in an area not continuously occupied, was provided with automatic smoke detection to ensure notification of a fire at the location before it could be incapacitated by fire. LSC 9.6.2.10.1 requires smoke alarms shall be in accordance with NFPA 72, National Fire Alarm Code. NFPA 72, 1-5.6 requires an automatic smoke detector be provided at the location of each fire alarm control unit which is not located in an area continuously occupied to provide notification of a fire in that location. This deficient</p>			K0051	<p>K 0051A smoke detector will be installed in the lower level above the alarm panel. The detector will ensure notification of a fire in that area. All residents had the potential to be affected. The smoke detector will be checked as part of the quarterly fire system inspection. As part of the Quality Management Program, the smoke detector will be checked as part of the quarterly fire system inspection. The Director of Maintenance is responsible for ensuring compliance. Completion Date: 12/16/11</p>		12/16/2011

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K0147 SS=E	<p>practice affects all occupants.</p> <p>Findings include:</p> <p>Based on observation with the maintenance director on 11/30/11 at 2:10 p.m., the main fire alarm control panel (FACP) was located on the lower level basement outside the maintenance office, an area not continuously occupied. The area was not electrically supervised by a smoke detector. The maintenance director agreed at the time of observation, the panel could be incapacitated by fire before an alarm could be annunciated.</p> <p>3.1-19(b)</p>		K0147				
	<p>Electrical wiring and equipment is in accordance with NFPA 70, National Electrical Code. 9.1.2</p> <p>Based on observation and interview, the facility failed to ensure 3 of 13 wet locations for residents were provided with GFCI (ground-fault circuit interrupter) protection against electric shock. NFPA 70, Article 517, Health Care Facilities, defines wet locations as patient care areas subject to wet</p>			<p>K 0147GFCI's (ground fault circuit interrupters) will be installed in all Courtyard bathrooms.All resident rooms were checked. Thirteen of seventeen bathrooms were not provided with a GFCI to prevent electric shock.As part of the Quality Management Program, all outlets will be tested each month as part of the room inspections. As part of the Quality</p>		12/14/2011	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155177		X2) MULTIPLE CONSTRUCTION A. BUILDING 04 B. WING _____		X3) DATE SURVEY COMPLETED 11/30/2011	
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	<p>conditions while patients are present. These include standing fluids on the floor or drenching of the work area, either of which condition is intimate to the patient or staff. NFPA 70, 517-20 Wet Locations, requires all receptacles and fixed equipment within the area of the wet location to have GFCI protection. Moisture can reduce the contact resistance of the body, and electrical insulation is more subject to failure. This deficient practice affects 5 residents on the Terrace.</p> <p>Findings include:</p> <p>Based on observation with the maintenance director on 11/30/11 between 12:45 p.m. and 3:45 p.m., electrical outlets in bathrooms serving resident rooms 25, 26, and 28 were located 18 inches from sinks. The outlets were not provided with GFCI (ground fault circuit interrupter) to prevent electric shock. The maintenance director checked electrical panels for GFCI circuit breakers at the time of observation and said no GFCI circuit breakers were found.</p>				<p>Management Program, all outlets will be tested each month as part of the room inspections. The Director of Maintenance will be responsible for ensuring compliance with NFPA 70, 517-20. Any non-compliance will be reported to the Quality Management Committee with an immediate plan of correction. Completion Date: 12/14/11</p>		

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

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FORM APPROVED

OMB NO. 0938-0391

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	3.1-19(b)						